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## BIB DATA SHEET

CONFIRMATION NO. 1241

<b>SERIAL NUMBER</b> 10/805,754	<b>FILING or 371(c) DATE</b> 03/22/2004 <b>RULE</b>	<b>CLASS</b> 521	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 15078ZY		
<b>APPLICANTS</b> B. Lauren Charous, Fox Point, WI; <b>** CONTINUING DATA *****</b> This application is a CIP of 10/779,522 02/13/2004 which is a CIP of 10/293,769 11/12/2002 which claims benefit of 60/345,877 11/09/2001 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 06/07/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/DONNA A JAGOE/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWINGS</b> 13	<b>TOTAL CLAIMS</b> 74	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> Scully, Scott, Murphy & Presser 400 Garden City Plaza Garden City, NY 11530 UNITED STATES						
<b>TITLE</b> Method for treating inflammatory bowel disease						
<b>FILING FEE RECEIVED</b> 979	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		